

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

WATER RESOURCES DEPT

(START CARD) #

25012

(1) OWNER:

Name Charles Cox
Address Rt 1 Box 58
City Burns State Or Zip 97720

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable
☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 418 ft.
Explosives used ☐ ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
18"	0	18	Cement	0	18	31 sacks
12"	18	318				
10"	318	418				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12"	+1	140	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2000	50'	140'	16 hr

Temperature of water 68° Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
Township 24S Nor S. Range 29E E or W. WM. _____
Section 12 SW 1/4 SE 1/4
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Sagehen Valley

(10) STATIC WATER LEVEL:

31 ft. below land surface. Date 7/8/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
75	418	2000	31

(12) WELL LOG:

Material	From	To	SWL
Sandy Loam	0	2	
Clay, gravel brn	2	8	
Sand fine/clay	8	12	
Clay/gravel fine brn	12	30	
Clay, green/gravel fine	30	50	
Coarse sand/ clay brn	50	75	31
Sand fine/clay brn	75	130	
Clay green, gravel sand	130	150	
Sand fine, clay green	150	180	
Clay tan	180	188	
Sandstone brn	188	195	31
Clay brn	195	205	
Sand brn, fine	205	240	
Sand/Clay grey	240	250	
Clay grey	250	260	
pumice sand coarse	260	265	
gravel/sand fine	265	278	31
Sand fine, clay grey	278	292	
Clay grey	292	300	
Obsidian, sand	300	330	
Rock, red & black	330	351	31
Obsidian, sand coarse	351	400	
Rock brn broken	400	418	31

Date started 6-21-91 Completed 7-16-91 ck jra

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 426
Signed John M. [Signature] Date 7-16-91